



2661
#8 RS 4-8-04

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	Application Number	09/742,905
	Filing Date	12/20/2000
	First Named Inventor	Ghosh et al.
	Group Art Unit	2661
	Examiner Name	Unknown
	Attorney Docket Number	CE08950R

ENCLOSURES

(check all that apply)

- Fee Transmittal Form
- Fee Attached
- Amendment/Reply
- After Final
- Affidavits/Declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Documents
- Response to Missing Parts/ Incomplete Application
- Response to Missing Parts Under 37 CFR 1.52 or 1.53

- Drawing(s)
- Licensing-Related papers
- Petition
- Petition to Convert to a Provisional Application
- Power of Attorney, Revocation, Change of Correspondence Address
- Terminal Disclaimer
- Request for Refund
- CD, Number of CDs

- After Allowance Communication to Group
- Appeal Communication to Board of Appeals and Interferences
- Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)
- Proprietary Information
- Status Letter with appropriate copies
- Other Enclosure(s) (please identify below)

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APR 05 2004

Technology Center 2600

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Lalita W. Pace	Registration No.	39,427
Signature			
Date	March 30, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Nanette Orr		
Signature		Date	March 30, 2004



**FEE
TRANSMITTAL**

Patent fees are subject to annual revision
Applicant claims small entity status. See 37 CFR 1.27

Complaint if Known

APR 02 2004

Application Number 09/742,905

Filing Date 12/20/2000

First Named Inventor Ghosh et al.

Examiner Name Unknown

Group Art Unit 2661

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TOTAL AMOUNT OF PAYMENT

(\$)

Attorney Docket No. CE08950R

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES						
<input checked="" type="checkbox"/> Deposit Account:				<table border="1"> <tr> <td>Deposit Account Number</td> <td>502117</td> </tr> <tr> <td>Deposit Account Name</td> <td>Motorola, Inc.</td> </tr> </table>				Deposit Account Number	502117	Deposit Account Name	Motorola, Inc.
Deposit Account Number	502117										
Deposit Account Name	Motorola, Inc.										
The Director is authorized to: (check all that apply)				<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION											
1. BASIC FILING FEE											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid							
1001	770	2001	385	Utility filing fee	<input type="text"/>						
1002	340	2002	170	Design filing fee	<input type="text"/>						
1003	530	2003	265	Plant filing fee	<input type="text"/>						
1004	780	2004	385	Reissue filing fee	<input type="text"/>						
1005	160	2005	80	Provisional filing fee	<input type="text"/>						
				SUBTOTAL (1) (\$)	<input type="text"/>						
2. EXTRA CLAIM FEES											
Total Claims		Previously Paid**		Extra Claims	Fee from below	Fee Paid					
				<input type="text"/> 20	<input type="text"/> X 18	<input type="text"/>					
Independent Claims				<input type="text"/> 3	<input type="text"/> X 86	<input type="text"/>					
Multiple Dependent				<input type="text"/> 280	<input type="text"/> =	<input type="text"/>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description							
1202	18	2202	9	Claims in excess of 20							
1201	84	2201	42	Independent claims in excess of 3							
1203	280	2203	140	Multiple dependent claim, if not paid							
1204	84	2204	42	* Reissue independent claims over original patent							
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent							
				SUBTOTAL (2) (\$)	<input type="text"/>						
* or number previously paid, if greater; For Reissues, see above.											
SUBMITTED BY											
Name (Print/Type)	Lalita W. Pace			Registration No.	39,427	Telephone	847-538-5855				
Signature	<i>Lalita W. Pace</i>			Date	March 30, 2004						